

All BH Provider Call w/PHS – April 10, 2020 – 10 a.m. – 10:30 a.m.

Meeting Notes

Attending

Aliya Jones, Stephanie Slowly, Kathleen Rebbert- Franklin, Iva Jean Smith, Marian Bland, Steven Whitefield, Susan Steinberg, Cliff Mitchell, Maria Rodowski-Stanco, Marion Katsereles, Rebecca Perimutter, Sydney Rossetti, A. Park, Dana Heilman, Deirdre Davis, Elizabeth Murphy, Frank Dyson, Kyle Kenny, Marianne Gibson, Mary Viggiani, Rebecca Jones, Robert Harris S. House, V. Walters, A. Alvanzo, Amanda Rosecrans, Andy Owen, Erin Russell, Joe Adams, R. Farah, K. Stolle, R. Bonaccorsy, Shelly Choo, A. Green(?)

Announcements

Opening Remarks from Stephanie Slowly - Good Morning everyone and thank you for joining us again for our weekly call with All BH providers and PH to discuss issues and areas around COVID-19. This meeting is being recorded. We have two presenters with us today from Public Health Services (PH), Dr. Mitchell and Rebecca Perlmatter.

These weekly BH Call-ins will provide a platform for PH to provide an overview of the PH response to COVID-19 to help you be responsive, effective, and remain well.

Any questions that arise after these sessions, we encourage you to continue to submit them to Sydney.rossetti@maryland.gov by Wednesday before that week's Friday call.

Discussion

Rebecca Perlmatter, Epidemiologist, Infectious Disease Epidemiology and Outbreak Response Bureau, Public Health Services and Dr. Mitchell, PHS will give updates today on COVID-19 issues.

1. **Latest Data from CDC on Coronavirus (See attached PP)**
2. **Clinical Presentation on Coronavirus** – You are going to get sick 2 -14 days after you are exposed. Traditional symptoms are fever, cough, and shortness of breath. This also might include sore throat, congestion, fatigue, headache, loss of taste, loss of smell and some people have very mild illness, some people get very sick, and some people do not

survive this illness. This is a very complicated clinical presentation because it can look like just about anything and this can make it hard to exclude people who have this disease.

3. General Infection Control - PPE

PPE is the stuff that health care workers wear in order to protect themselves from being infected by patients. PPE is great but not the all be all in infection control. There are other ways to prevent infection that are far more effective than PPE. For example, having physical barriers between you and the patient, like a wall, window or a curtain can also help, or staying 6 feet away from the patient, even better if you can avoid contact with that patient, this is going to work far better than having contact with patient wearing PPE. With that being said, we do not always have that option in a health care setting, and behavioral health is considered a health care setting. We do not always have the options; sometime contact is unavoidable when health care workers have to have contact with someone who has COVID-19, or who might have COVID-19. These health care workers should wear gloves, disposable isolation gown, surgical or face mask, and eye protection (goggles or face shield). A great deal of PPE is manufactured in China and due to the Coronavirus outbreak situation, China had shut down, including manufacturing. While they are coming out of that shut down, there is still a shortage.

When there is not enough PPE - Things that you can do preserve for PPE:

Conserving Gowns: ideally you would be wearing those disposal gowns, but when there is not enough to go around, another option would be to use cloth gowns. These are acceptable and you can wash them and wear them again. You can wear gowns past their expiration date as long as they are still intact. Please see CDC Website for more tips.

Conserving Masks – Masks are super important with a virus with respiratory droplets/secretion. If you are trying to conserve mask, you may want to keep masks out of the waiting room and keep them behind front desk, and only give medical masks to patients who are ill and to health care workers. One mask may be used by 1 provider for multiple patients who have the same infectious condition. Masks must be discarded if wet, soiled, or if broken. If you do not have enough face masks, prioritize face masks for staff caring for patients with respiratory illness who will have to be within 6 feet of a sick patient for a period of time.

General Infection Control – Encourage respiratory etiquette and good hand hygiene. Provide enough supplies in a facility such as: alcohol hand sanitizers, soap and water, tissues, paper towels for staff and patients, and avoid aerosol generating procedures, these are all things that can help contain infections. If you do notice that you have a

patient who might be ill, or if you are informed that COVID-19 case who is coming into your facility, call your local health department. Make sure that patients who show up who are symptomatic are on appropriate transmission-base precautions – so that health care workers are wearing masks and gowns, and sick patients should be placed in separate rooms or at least 6 feet away from others, make sure sick staff are excluded. If you have close contact with a patient or another staff member, make sure your health care workers are assessed, make sure that they do not need to be excluded from work; and if they do if they have high risk exposure, exclude them from work for 14 days if you can. If you have any infectious control questions, please email mdh.ipcovid@maryland.gov. This is for non-urgent matters.

Dr. Jefferson and clinical presentation suggestions to think about:

People may be infected and are not aware. If you have a case of COVID-19 and people have been exposed and someone is not feeling quite right, this person should be medically isolated. Officially, the CDC used the temperature of 100.4 as the tipping point. People's temperatures vary quite widely. Clinical suspicions for COVID should be raised if someone says they are not feeling just right.

PPE Gloves - If you wear gloves all day, it can be problematic for a number of reasons. They can wear out more easily. Any degree of sweating can cause dermatitis. If you contaminate your gloves, remove your gloves, and wash your hands. Two tips that clinicians use 1) If you don't have gloves, actively washing hands with soap and water. 2) Avoid touching your hands to your face. After you wash hands, clasp your hands in front of you to avoid touching face. Do not wash gloves.

People returning to work for Essential Employees. The CDC has new guidance for people who work in critical infrastructure workforce. People who have been exposed to COVID-19 and put on voluntary home isolation to avoid exposing others may be able to return to work now. The new CDC guidance has to do with how to manage workers who may have been exposed to COVID-19. For people who work in critical infrastructure business sectors, including health care, because there are so many people who were exposed and on voluntary home isolation. If they are asymptomatic, they may be able to work rather than be on home isolation. There are very strict restrictions. All of these people should be taking their temperature on a daily basis before they begin the work shift and they should be self-monitoring on a constant basis. If they are not feeling well, they should immediately leave the workplace and notify their supervisor immediately. They should always wear a mask and use 6 foot social distancing. They should be instructed to disinfect the areas they are working in.

Behavioral Health Provider Questions for Public Health Services: 4/10/2020

1. For behavioral health providers, outside of reporting positive cases to the local health departments and the local behavioral health authority, are there any other entities who need a report? Does BHA want to be notified of every positive residential case? If yes, what mechanism?

Public Health Services Response: Referred question back to BHA for response.

BHA Response: BHA should be notified so that they can manage these outbreaks. BHA is requesting that once a provider contacts their local health department and local health authority, copy BHA on their email to LBHA so that BHA can be aware of the plan and manage the outbreak. BHA will be collecting this information so that if they see anything new or different that other providers can benefit from the information, they will make sure to get this information out to everyone.

2. Should people be sharing masks? I was informed that a person who was symptomatic should wear a mask in the normal manner and when a person who was not symptomatic wears the same mask, they should turn the mask inside out (inside facing out). By doing so the well person blocks more of the germs from the sick person. Is this valid?

Public Health Service Response: We do not recommend sharing masks.

3. Do people who are asymptomatic with Covid-19 always have a fever? I am still seeing one client in person because she is unable to do telehealth. She checks her temperature three times a day and will let me know if she finds she has a fever, but is not having a high temp a guarantee that she isn't a carrier?

Public Health Services Response: If you are asymptomatic you don't have a fever. The only way to know if you have been exposed to COVID-19 is to be tested.

4. Daily temperature checks for staff and patients is standard practice. Is that a good recommendation for all facilities?

Public Health Services Response: Yes, this is a good recommendation. All patients and staff should be taking temperature before they come into the facility and asking them all about symptoms.

5. Will there be guidelines distributed to providers about protocol for reporting and safety measures for staff who test positive? (For example, part time staff who work multiple jobs—whose responsibility is it to report the positive test to the other employers?)

Public Health Services Response: Defer to BHA; it is a policy decision. The ones Public Health does know about is the ones tested by the laboratories. What we do want to hear about is ‘outbreaks’ at facilities. It helps us making recommendations about cohorting.

Commented [1]: This is also on the FAQ list to be answered.

Commented [2]: Can you add it to the PHS list, that would be great

6. Does the mask that needs to be used by staff who is exposed and is a-symptomatic a surgical mask or a homemade mask. It is not prescribed in the guidance.

Public Health Service Response: Ideally a surgical mask should be used, if not a home-made mask would have to be sufficed. The mask is used to catch the respiratory droplets with the virus in it. Even a bandana may not be ideal, but it is good enough; it is all about ‘source control.’ Do not share masks.

BHA Response: Separate from CDC recommendations for the general public on wearing non-PPE cloth face coverings in public settings (Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission), the CDC does recommend sing other mask options for health care professionals as a last resort, if PPE facemasks are not available (Strategies for Optimizing the Supply of Facemasks).

7. How do we protect our employees when we do not have PPE?

BHA Response: We will be providing guidance on that through FAQs. We are advocating fearlessly for our provider networks to make sure they get what they need.

Public Health Service Response: Everyone is doing what they can, but there is not enough PPE to go around. Be aware that you are being heard. That is why we have the conservation strategies and other options that are included on the CDC website.

8. Can we use purell on gloves?

Public Health Services Response: Maybe once. Other than that, it can cause our gloves to degrade. We would recommend you wash your hands and put new gloves on. We do not recommend using purell on gloves.

9. When is the best time to use gloves?

Public Health Services Response: If you feel like your safe, people will touch everything. If you are wearing cloths, just imagine it is just your hands. If you are wearing gloves because you think you are safer, it probably is not. You cannot wash your gloves because they will break them anymore. We do not recommend wearing clothes just to make you feel safer. Think about job tasks. If you are doing the same thing over and over again, it makes sense to keep the gloves on. Once you are finished with that task or ready to go to next room, now it is time to take gloves off and wash your hands. Gloves should be used if you are going to be in direct contact with people who are ill, with their belongings or with their secretions. If you are not going to be in direct contact with a patient or the immediate environment, it is not needed.

11. Should you wear gloves when handling money?

Public Health Services Response: As long as you are not touching your face with gloves. It is easier to sanitize hands in between handling money.

BHA Office Updates, Cancellations, and Rescheduling

Closing Remarks - Dr. Aliya Jones - Thank you for being here today. In regards to PPE we are advocating for PPE for all BH providers.

Conference call meeting is scheduled weekly on Fridays for 1 hour 10 a.m. – 11 a.m. Next meeting will be held Friday, April 17, 2020. Please be sure send in your questions ahead of time